

## NON-STANDARD TREATMENT INTERVENTIONS

Effective Date: May 22, 2015 Policy #: TX-26

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- **I. PURPOSE:** To ensure appropriate review and oversight of non-standard treatment interventions proposed by clinical staff at Montana State Hospital.
- II. POLICY: Hospital staff are encouraged to be creative and resourceful in designing treatment interventions for individual patients, particularly those that are treatment refractory or who have not had positive responses to conventional interventions. Treatment provided by all practitioners must be consistent with generally accepted standards of care. All interventions must have a potential benefit that is greater than the potential risks. Consensus must be reached among members of the patient's treatment team and clinical supervisors and hospital administration that any non-standard or unusual treatment approach is likely to result in successful attainment of treatment objectives. Staff members with questions or concerns about a treatment intervention used with a patient are urged to discuss it with the treating professional and appropriate treatment team and to inform their supervisor, the Medical Director, or the Hospital Administrator.

### III. DEFINITIONS:

<u>Non-Standard Treatment Intervention</u> – A therapeutic intervention or approach that is not commonly used, but for which in a particular circumstance there is a sound clinical reason to attempt.

## IV. RESPONSIBILITIES:

All staff have an obligation to support therapeutic interventions prescribed by licensed clinical professionals and to appropriately raise questions and address concerns about the efficacy and propriety of any treatments provided to patients, particularly any that appear to be unsound.

Licensed clinical professionals have a responsibility to explain their rationale for any treatment intervention provided to a patient and must be able to address reasonable questions or concerns from others about any non-standard interventions attempted.

Supervisory and management staff have a responsibility to ensure that any treatment provided to a patient is based on sound clinical judgment and may prohibit the use of any questionable treatment intervention.

# **Montana State Hospital Policy and Procedure**

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## V. PROCEDURE:

Staff members having concerns that a particular treatment intervention appears non-standard or unsound are expected to raise the issue with the licensed prescriber and/or other appropriate members of the treatment team. The staff member should also inform their supervisor, the Medical Director, or the Hospital Administrator of the issue and the reason for the concern.

Any treatment that is considered experimental or part of a research project must meet all requirements of M.C.A. § 53-21-147.

Upon receiving notice of a staff member or patient having a concern about a non-standard treatment, the Medical Director and Hospital Administrator will determine whether review and discussion of the proposed non-standard treatment is necessary beyond that conducted by the respective treatment team. If so, they will work collaboratively to establish such a process to determine whether the non-standard treatment should be carried out. The review process may vary depending on the nature of the proposed intervention, and availability of resources.

When time prevents a review before the intervention occurs, a post-event review may be initiated to evaluate clinical appropriateness and lessons learned.

- **VI. REFERENCES:** M.C.A. § 53-21-147, Right not to be subjected to experimental research.
- VII. COLLABORATED WITH: Hospital Administrator, Medical Director.
- **VIII. RESCISSIONS:** #TX-26, Non-Standard Treatment Interventions dated January 20, 2012; #TX-26, *Non-Standard Treatment Interventions* dated February 24, 2009.
- **IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY: Medical Director
- XII. ATTACHMENTS: None

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John W. Glueckert	Date	Thomas Gray	Date
Hospital Administrator		Medical Director	